

RECEIVED
FEC MAIL
OPERATIONS CENTER

CONNELL FOLEY PAC
A New Jersey Non Profit Corporation

2006 JUL 24 A 10:43

85 Livingston Avenue
Roseland, New Jersey 07068-1765

(973) 535-0500
Facsimile: (973) 535-9217

July 21, 2006

VIA FEDERAL EXPRESS

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

**Re: Connell Foley PAC, a New Jersey
Non Profit Corporation
FED ID #C00388181**

Dear Sir/Madam:

In response to a letter dated June 23, 2006 from Corbin T. Jones, Campaign Finance Analyst, Reports Analysis Division of the Federal Election Commission, we are filing please an amended FEC Form 3X filed on behalf of Connell Foley PAC, a New Jersey Non Profit Corporation for the period 7/1/05 - 12/31/05. We apologize for any inconvenience that this error may have caused.

Very truly yours,


JOHN B. MURRAY

JBM/das
Enclosure

cc: Corbin T. Jones, Federal Election Commission

26059151782

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
2005 JUL 24 A 10:44
Office Use Only

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
 Connell Foley PAC

ADDRESS (number and street) 85 Livingston Avenue
 Check if different than previously reported. (ACC) Roseland NJ 07068-3702

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 C 00388181

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
 (c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on [] / [] / [] in the State of []
 (d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on [] / [] / [] in the State of []

5. Covering Period 07 / 01 / 2005 through 12 / 31 / 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Type or Print Name of Treasurer John B. Murray
 Signature of Treasurer *John B. Murray* Date 07 / 21 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Connell Foley PAC

Report Covering the Period:

From:

07 / 01 / 2005

To:

12 / 31 / 2005

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2005 | | 4,680.94 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 12,660.94 | |
| (c) Total Receipts (from Line 19)..... | 0.00 | 17,500.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 12,660.94 | 22,180.94 |
| 7. Total Disbursements (from Line 31)..... | 550.00 | 10,070.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 12,110.94 | 12,110.94 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

26039151784

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Connell Foley PAC

Report Covering the Period: From: 07 / 01 / 2005 To: 12 / 31 / 2005

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 17,500.00 |
| (ii) Unitemized..... | | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 0.00 | 17,500.00 |
| (b) Political Party Committees..... | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 0.00 | 17,500.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | | |
| 13. All Loans Received..... | | |
| 14. Loan Repayments Received..... | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | | |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | | |
| (b) Levin Funds (from Schedule H5)..... | | |
| (c) Total Transfers (add 18(a) and 18(b)).. | | |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 0.00 | 17,500.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 0.00 | 17,500.00 |

**DETAILED SUMMARY PAGE
of Disbursements**

| II. Disbursements | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|--------|---------------------------------------|---|
| 21. Operating Expenditures: | | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share | | | |
| (ii) Non-Federal Share | | | |
| (b) Other Federal Operating Expenditures | 400.00 | 920.00 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 400.00 | 920.00 | |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 150.00 | 9,150.00 | |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | | | |
| 26. Loan Repayments Made | | | |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | | | |
| (b) Political Party Committees | | | |
| (c) Other Political Committees (such as PACs) | | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements | | | |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | | | |
| (ii) "Levin" Share | | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 550.00 | 10,070.00 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 550.00 | 10,070.00 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|--|--------|-----------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 0.00 | 17,500.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 17,500.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 400.00 | 920.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 400.00 | 920.00 |

26030151787

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | | |
|---|-----------------------------|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 1 OF 13 | | |
| | (check only one) | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Connell Foley PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Badolato, Richard | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. C | <input type="text"/> | Amount of Each Receipt this Period 0.00 |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 444.65 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Bennett, John K. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. C | <input type="text"/> | Amount of Each Receipt this Period 0.00 |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 640.90 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Catenacci, Richard | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. C | <input type="text"/> | Amount of Each Receipt this Period 0.00 |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 770.84 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 2 OF 13 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Connell Foley PAC

Full Name (Last, First, Middle Initial)
A. Coakley, Kevin J.

Mailing Address
85 Livingston Avenue

City: **Roseland, New Jersey 07068** State: Zip Code:

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Connell Foley, LLP** Occupation: **Attorney**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: **913.52**

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0.00**

Full Name (Last, First, Middle Initial)
B. Corriston, Timothy F.

Mailing Address
85 Livingston Avenue

City: **Roseland, New Jersey 07068** State: Zip Code:

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Connell Foley, LLP** Occupation: **Attorney**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: **338.05**

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0.00**

Full Name (Last, First, Middle Initial)
C. Cosma, Thomas S.

Mailing Address
85 Livingston Avenue

City: **Roseland, New Jersey 07068** State: Zip Code:

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Connell Foley, LLP** Occupation: **Attorney**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: **344.77**

Date of Receipt: [] / [] / []

Amount of Each Receipt this Period: **0.00**

SUBTOTAL of Receipts This Page (optional).....▶ **0.00**

TOTAL This Period (last page this line number only).....▶

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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 3 OF 13

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
Connell Foley PAC

| | | | |
|---|--------------|---|--|
| Full Name (Last, First, Middle Initial) A. Cromie, John D. | | Date of Receipt [] / [] / [] | |
| Mailing Address 85 Livingston Avenue | | Amount of Each Receipt this Period [] 0.00 | |
| City Roseland, New Jersey 07068 | State [] | Zip Code [] | |
| FEC ID number of contributing federal political committee. [C] [] | | | |
| Name of Employer Connell Foley, LLP | | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ [] 444.62 | |
| Full Name (Last, First, Middle Initial) B. Dyer, Glenn T. | | Date of Receipt [] / [] / [] | |
| Mailing Address 85 Livingston Avenue | | Amount of Each Receipt this Period [] 0.00 | |
| City Roseland, New Jersey 07068 | State [] | Zip Code [] | |
| FEC ID number of contributing federal political committee. [C] [] | | | |
| Name of Employer Connell Foley, LLP | | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ [] 230.51 | |
| Full Name (Last, First, Middle Initial) c. Falanga, Stephen V. | | Date of Receipt [] / [] / [] | |
| Mailing Address 85 Livingston Avenue | | Amount of Each Receipt this Period [] 0.00 | |
| City Roseland, New Jersey 07068 | State [] | Zip Code [] | |
| FEC ID number of contributing federal political committee. [C] [] | | | |
| Name of Employer Connell Foley, LLP | | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ [] 275.81 | |
| SUBTOTAL of Receipts This Page (optional).....▶ | | [] 0.00 | |
| TOTAL This Period (last page this line number only).....▶ | | [] | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | | |
|---|------------------|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 4 OF 13 | | |
| | (check only one) | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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NAME OF COMMITTEE (In Full)
Connell Foley PAC

Full Name (Last, First, Middle Initial)
A. Fleder, Mark

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey** State Zip Code **07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **687.49**

Date of Receipt
/ /

Amount of Each Receipt this Period
0.00

Full Name (Last, First, Middle Initial)
B. Gardner, Kevin R.

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey** State Zip Code **07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **678.30**

Date of Receipt
/ /

Amount of Each Receipt this Period
0.00

Full Name (Last, First, Middle Initial)
c. Graham, William H.

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey** State Zip Code **07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.30**

Date of Receipt
/ /

Amount of Each Receipt this Period
0.00

SUBTOTAL of Receipts This Page (optional).....▶ **0.00**

TOTAL This Period (last page this line number only).....▶

28039151791

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 5 OF 13 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | |

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NAME OF COMMITTEE (In Full)
Connell Foley PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Haefner, Marc D. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 0.00 |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 216.47 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Hughes, Patrick J. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 0.00 |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 312.87 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Iuso, Angela A. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 0.00 |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 293.97 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 6 OF 13 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Connell Foley PAC

Full Name (Last, First, Middle Initial)
A. Judge, Brendan

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey 07068** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **286.12**

Date of Receipt

Amount of Each Receipt this Period **0.00**

Full Name (Last, First, Middle Initial)
B. Lacey, John F.

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey 07068** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **419.82**

Date of Receipt

Amount of Each Receipt this Period **0.00**

Full Name (Last, First, Middle Initial)
C. Lord, Samuel

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey 07068** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **331.39**

Date of Receipt

Amount of Each Receipt this Period **0.00**

SUBTOTAL of Receipts This Page (optional)..... **0.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 7 OF 13 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Connell Foley PAC

Full Name (Last, First, Middle Initial)
A. Manahan, Peter D.

Date of Receipt
 / /

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey** State Zip Code **07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **441.18**

Amount of Each Receipt this Period **0.00**

Full Name (Last, First, Middle Initial)
B. McAuley, Patrick J.

Date of Receipt
 / /

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey** State Zip Code **07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **491.84**

Amount of Each Receipt this Period **0.00**

Full Name (Last, First, Middle Initial)
C. McBride, Michael X.

Date of Receipt
 / /

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey** State Zip Code **07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.28**

Amount of Each Receipt this Period **0.00**

SUBTOTAL of Receipts This Page (optional) **0.00**

TOTAL This Period (last page this line number only) **0.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | | | |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 8 OF 13 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Connell Foley PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. McGloin, William T. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 0.00 | |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 239.49 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. McGovern, Philip E. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 0.00 | |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 671.85 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. McHenry, Jonathan P. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 0.00 | |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 206.62 | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

20090151795

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10 OF 13

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Connell Foley PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Murray, John | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. | <input type="text"/> | Amount of Each Receipt this Period |
| Name of Employer Connell Foley, LLP | Occupation Attorney | <input type="text"/> 0.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 687.49 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. O'Hara, Jeffrey L. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. | <input type="text"/> | Amount of Each Receipt this Period |
| Name of Employer Connell Foley, LLP | Occupation Attorney | <input type="text"/> 0.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 439.43 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. O'Reilly, Tricia | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. | <input type="text"/> | Amount of Each Receipt this Period |
| Name of Employer Connell Foley, LLP | Occupation Attorney | <input type="text"/> 0.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 295.57 | |

| | |
|--|----------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text"/> 0.00 |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

20030151797

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | | |
|---|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 OF 13 | | | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | |

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NAME OF COMMITTEE (In Full)
Connell Foley PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Pizzi, Peter J. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. | <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 0.00 |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 594.37 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Randall, Karen Painter | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. | <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 0.00 |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 350.75 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Rhatigan, James P. | | Date of Receipt |
| Mailing Address 85 Livingston Avenue | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Roseland, New Jersey 07068 | State | Zip Code |
| FEC ID number of contributing federal political committee. | <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 0.00 |
| Name of Employer Connell Foley, LLP | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 206.62 | |

| | |
|---|----------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text"/> 0.00 |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

26039151798

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | | |
|---|---|------------------------------------|------------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 OF 13 | | | | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Connell Foley PAC

A. Ryan, Robert E.

Full Name (Last, First, Middle Initial)

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey 07068** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.59**

Date of Receipt

Amount of Each Receipt this Period **0.00**

B. Schoellkopf, Ernest W.

Full Name (Last, First, Middle Initial)

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey 07068** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.63**

Date of Receipt

Amount of Each Receipt this Period **0.00**

C. Smith, Peter J.

Full Name (Last, First, Middle Initial)

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey 07068** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **394.17**

Date of Receipt

Amount of Each Receipt this Period **0.00**

SUBTOTAL of Receipts This Page (optional) **0.00**

TOTAL This Period (last page this line number only).....

25039151799

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | | |
|---|-----------------------------|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 13 OF 13 | | |
| | (check only one) | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Connell Foley PAC

Full Name (Last, First, Middle Initial)
A. Steller, Brian G.

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey** State Zip Code **07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **358.12**

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
0.00

Full Name (Last, First, Middle Initial)
B. Vitiello, Anthony F.

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey** State Zip Code **07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.18**

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
0.00

Full Name (Last, First, Middle Initial)
C. Walsh, Liza M.

Mailing Address
85 Livingston Avenue

City **Roseland, New Jersey** State Zip Code **07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **627.94**

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
0.00

SUBTOTAL of Receipts This Page (optional)..... **0.00**

TOTAL This Period (last page this line number only)..... **0.00**

26030101000

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | | | |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | | PAGE 1 OF 1 |
| | <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Connell Foley PAC

A. Full Name (Last, First, Middle Initial)
Tom Kean for U.S. Senate

Date of Disbursement
09 / 22 / 2005

Mailing Address
P.O. Box 225

City State Zip Code
Colonia, New Jersey 07067

Purpose of Disbursement
Fundraiser

Candidate Name
Tom Kean

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **Honorary Breakfast**

State: District:

Amount of Each Disbursement this Period
150.00

Category/Type

B. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

C. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 150.00 |
| TOTAL This Period (last page this line number only)..... | 150.00 |

26039151801

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | | | |
|---|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | | PAGE 1 OF 1 |
| | <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | |
| | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Connell Foley PAC

A. Full Name (Last, First, Middle Initial)
Moore Stephens, P.C.

Date of Disbursement: 10 / 15 / 2005

Mailing Address: 340 North Avenue

City: Cranford, New Jersey 07016

Purpose of Disbursement: Accounting Fee

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: 400.00

B. Full Name (Last, First, Middle Initial)

Date of Disbursement:

Mailing Address:

City: State Zip Code

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period:

C. Full Name (Last, First, Middle Initial)

Date of Disbursement:

Mailing Address:

City: State Zip Code

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional).....▶ 400.00

TOTAL This Period (last page this line number only).....▶ 400.00

26039151402

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
Connell Foley PAC

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address | |
| City State ZIP Code | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

TERMS

| | | | |
|----------------------|----------------------|------------------------------|--|
| Date Incurred | Date Due | Interest Rate | Secured: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|---|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional).....▶ | <input type="text"/> |
| TOTALS This Period (last page in this line only).....▶ | <input type="text"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

26091510

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page _____ of Schedule C

| | | | |
|--|-------|---|---------------------|
| NAME OF COMMITTEE (In Full) Connell Foley PAC | | FEC IDENTIFICATION NUMBER C | |
| LENDING INSTITUTION (LENDER) Full Name | | Amount of Loan | Interest Rate (APR) |
| Mailing Address | | Date Incurred or Established | |
| City | State | Zip Code | Date Due |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes | | If yes, date originally incurred | |
| B. If line of credit, Amount of this Draw: | | Total Outstanding Balance: | |
| C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.) | | | |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | What is the estimated value? | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: | | Location of account: Address: City, State, Zip: | |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. | | | |
| G. COMMITTEE TREASURER Typed Name Signature | | DATE | |
| H. Attach a signed copy of the loan agreement. | | | |
| I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. | | | |
| AUTHORIZED REPRESENTATIVE Typed Name Signature | | DATE | |
| Title | | | |

26039151804

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Connell Foley PAC

| | | |
|--|-------|---------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State | |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|--|-------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State | |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|--|-------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State | |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|----------------------|
| 1) SUBTOTALS This Period This Page (optional).....▶ | <input type="text"/> |
| 2) TOTALS This Period (last page this line number only).....▶ | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ | <input type="text"/> |

2003031400

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE _____ OF _____
FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em;">Connell Foley PAC</p> | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C</div> |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | |

| | |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____ | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">DD</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">YYYY</div> </div> Amount <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> _____ </div> |
| Purpose of Expenditure _____ Category/Type <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div> | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: _____ | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> _____ </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____ | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">DD</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">YYYY</div> </div> Amount <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> _____ </div> |
| Purpose of Expenditure _____ Category/Type <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> </div> | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: _____ | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> _____ </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> _____ </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> _____ </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; font-family: monospace;"> _____ </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

| | |
|--------------------|--|
| _____ Signature | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">MM</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">DD</div> <div style="border: 1px solid black; padding: 2px; font-family: monospace;">YYYY</div> </div> |
|--------------------|--|

200309151800

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

2005012109

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
Connell Foley PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
|--|-------------------------------------|--|
| ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |
| ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <input type="text"/> % | NONFEDERAL % <input type="text"/> % |

2003015100

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Connell Foley PAC

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |

BREAKDOWN OF TRANSFER RECEIVED

| | |
|---|----------------------|
| i) Total Administrative | <input type="text"/> |
| ii) Generic Voter Drive | <input type="text"/> |
| iii) Exempt Activities..... | <input type="text"/> |
| iv) Direct Fundraising (List Activity or Event Identifier) | |
| a) _____ | <input type="text"/> |
| b) _____ | <input type="text"/> |
| c) Total Amount Transferred For Direct Fundraising | <input type="text"/> |
| v) Direct Candidate Support (List Activity or Event Identifier) | |
| a) _____ | <input type="text"/> |
| b) _____ | <input type="text"/> |
| c) Total Amount Transferred For Direct Candidate Support..... | <input type="text"/> |
| vi) Public Communications Referring Only to Party (Made by PAC) | <input type="text"/> |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|---|----------------------|
| TOTAL This Period (Administrative)..... | <input type="text"/> |
| TOTAL This Period (Generic Voter Drive) | <input type="text"/> |
| TOTAL This Period (Exempt Activities)..... | <input type="text"/> |
| TOTAL This Period (Direct Fundraising)..... | <input type="text"/> |
| TOTAL This Period (Direct Candidate Support) | <input type="text"/> |
| TOTAL This Period (Public Communications Referring Only to Party)..... | <input type="text"/> |
| TOTAL This Period (Total Amount Transferred)..... | <input type="text"/> |

26039151810

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: _____

Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

B. Full Name (Last, First, Middle Initial)

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: _____

Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

C. Full Name (Last, First, Middle Initial)

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: _____

Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

26039131811

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|----------------------|--|--------------------------|
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration

ii) **Voter ID**
Total Amount Transferred for Voter ID

iii) **GOTV**
Total Amount Transferred for GOTV

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|----------------------|--|--------------------------|
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration

ii) **Voter ID**
Total Amount Transferred for Voter ID

iii) **GOTV**
Total Amount Transferred for GOTV

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

2003011012

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

| | | | |
|---|-------|---|-----------------------------------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| City | State | Zip Code | <input type="checkbox"/> Voter ID |
| Purpose of Disbursement | | <input type="checkbox"/> Generic Campaign | |
| Category/Type | | Allocated Activity or Event Year-To-Date | |
| Date | | | |
| FEDERAL SHARE | + | LEVIN SHARE | = TOTAL AMOUNT |

| | | | |
|---|-------|---|-----------------------------------|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| City | State | Zip Code | <input type="checkbox"/> Voter ID |
| Purpose of Disbursement | | <input type="checkbox"/> Generic Campaign | |
| Category/Type | | Allocated Activity or Event Year-To-Date | |
| Date | | | |
| FEDERAL SHARE | + | LEVIN SHARE | = TOTAL AMOUNT |

| | | | |
|---|-------|---|-----------------------------------|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| City | State | Zip Code | <input type="checkbox"/> Voter ID |
| Purpose of Disbursement | | <input type="checkbox"/> Generic Campaign | |
| Category/Type | | Allocated Activity or Event Year-To-Date | |
| Date | | | |
| FEDERAL SHARE | + | LEVIN SHARE | = TOTAL AMOUNT |

| | | | |
|---|---|-------------|----------------|
| SUBTOTAL of Shared Federal and Levin Activity This Page | | | |
| FEDERAL SHARE | + | LEVIN SHARE | = TOTAL AMOUNT |
| TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) | | | |
| FEDERAL SHARE | | LEVIN SHARE | TOTAL AMOUNT |
| TOTAL This Period for the Levin Share | | | |

2003015001

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

| NAME OF COMMITTEE (In Full) | | |
|--|-------------------------------|--------------------------|
| NAME OF ACCOUNT | | |
| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
| 1. RECEIPTS FROM PERSONS | | |
| (a) Itemized (Use Schedule L-A) | | |
| (b) Unitemized | | |
| (c) Total | | |
| 2. OTHER RECEIPTS | | |
| 3. TOTAL RECEIPTS | | |
| (Add Lines 1c and 2) | | |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) | | |
| (a) Voter Registration..... | | |
| (b) Voter ID..... | | |
| (c) GOTV..... | | |
| (d) Generic Campaign..... | | |
| (e) Total..... | | |
| 5. OTHER DISBURSEMENTS..... | | |
| 6. TOTAL DISBURSEMENTS | | |
| (Add Lines 4e and 5) | | |
| 7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st) | | |
| 8. RECEIPTS..... (from Line 3) | | |
| 9. SUBTOTAL | | |
| (Add Lines 7 and 8) | | |
| 10. DISBURSEMENTS..... (From Line 6) | | |
| 11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9) | | |

2003021314

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE OF

FOR LINE NUMBER:
 (check only one)

1a 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

| | | | |
|--|--|--|---|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation | | | Date of Receipt [MM] / [DD] / [YYYY] |
| B. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation | | | Date of Receipt [MM] / [DD] / [YYYY] |
| C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation | | | Date of Receipt [MM] / [DD] / [YYYY] |
| D. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Name of Employer or Principal Place of Business Occupation | | | Date of Receipt [MM] / [DD] / [YYYY] |
| SUBTOTAL of Receipts This Page (optional).....▶ | | | [Amount] |
| TOTAL This Period (last page this line number only).....▶ | | | [Amount] |

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

| | | |
|--------------------------------------|-----------------------------|----------------------------|
| FOR LINE NUMBER: (check only one) | PAGE | OF |
| <input type="checkbox"/> 4a | <input type="checkbox"/> 4c | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 4b | <input type="checkbox"/> 4d | |

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NAME OF COMMITTEE (In Full)

| | | | |
|--|-------|----------|--|
| Full Name (Last, First, Middle Initial) / Full Organization Name | | | Date of Disbursement |
| Mailing Address | | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | | <input type="text"/> |

| | | | |
|--|-------|----------|--|
| Full Name (Last, First, Middle Initial) / Full Organization Name | | | Date of Disbursement |
| Mailing Address | | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | | <input type="text"/> |

| | | | |
|--|-------|----------|--|
| Full Name (Last, First, Middle Initial) / Full Organization Name | | | Date of Disbursement |
| Mailing Address | | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | | <input type="text"/> |

| | | | |
|--|-------|----------|--|
| Full Name (Last, First, Middle Initial) / Full Organization Name | | | Date of Disbursement |
| Mailing Address | | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | | <input type="text"/> |

| | | | |
|--|-------|----------|--|
| Full Name (Last, First, Middle Initial) / Full Organization Name | | | Date of Disbursement |
| Mailing Address | | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | | <input type="text"/> |

| | | | |
|--|--|--|----------------------|
| SUBTOTAL of Disbursements This Page (optional)..... | | | <input type="text"/> |
| TOTAL This Period (last page this line number only)..... | | | <input type="text"/> |

26039151818

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i> | Shipping Date <i>7/21/06</i> |
| Next Business Day Delivery <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

[Signature]
 PREPARER
 (3/2005)

7/24/06
 DATE PREPARED

26039151617